

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

isaiah Muhammad

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

Captain Hernandez, City of
New York, N.Y. C Dept. of Correction

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

ISIAH A Muhammad
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

2411902466

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MANHATTAN DETENTION CENTER
Current Place of Detention

125 WHITE STREET
Institutional Address

NY NY 10013
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Hernandez
 First Name Last Name Shield #
Security CAPTAIN
 Current Job Title (or other identifying information)
 Current Work Address

Defendant 2:

CITY OF NEW YORK
 County, City State Zip Code
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address

Defendant 3:

N.Y.C. DEPARTMENT OF CORRECTION
 County, City State Zip Code
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address

Defendant 4:

County, City State Zip Code
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: MANHATTAN DETENTION CENTER 9 South

Date(s) of occurrence: April 7, 2020 At the end of 3-11 tour

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

While I WAS in my cell CAPT. Hernandez approached my cell and maliciously utilized chemical AGENTS with the objective of killing me by spraying my food slot not reporting such incident and denying me medical attention N.Y.C. DEPARTMENT OF CORRECTION and the CITY OF NEW YORK is personally involved/liable because they have a custom of allowing D.O.C. employees to violate policy procedures and not holding them ACCOUNTABLE & subjecting me to unnecessary use of force in federal violation of the Nunez agreement AS WELL AS subjecting me to cruel and unusual punishment in federal violation of my 8th Amendment rights I suffered cruel and unusual punishment

AS TO defendant CAPTAIN Hernandez I would like to see him in individual/OFFICIAL capacity which would allow some form of settlement agreement to involve him receiving meaningful ACCOUNTABILITY to deter him →

From violating other individuals in
detainment at N.Y.C D.O.C

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Ankle pain, back pain, headaches, chest pains,
breathing problems, blurry vision, emotional
distress, psychological distress
on April 8, 2020 received pain med 5 xray
scheduled April 10, 2020 got xray right
ankle right shoulder emotional/psychological
distress mental health services is being utilized
and is needed

State briefly what money damages or other relief you want the court to order.

VI. RELIEF
Compensatory relief \$1,000,000
punitive relief \$1,000,000
Allowed to see Captain Hernandez
in individual / official capacity AS he
personally violated and I would like the
court to order an injunction relief order
ordering "All D.O.C employees not to utilize
chemical agents because of my medical
contraindications indicated by medical
personnel

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

4-15-20
 Dated _____ Plaintiff's Signature _____
 ISIAH A muhammad
 First Name Middle Initial Last Name
 125 white street
 Prison Address
 NY NY 10013
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

4-15-20

ISRAH MOHAMMAD
2811902466 MDC
White Street
25 Wy, 10013
NY, 10013

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
STAYARD STREET NEW YORK, NY
10007

Pro SE Ed

